

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **L59603**

(5)

95 JAN 17 PM 12: 06

1. Corporation Name

HIALEAH LAKES TAXI CORPORATION

Principal Place of Business

**1160 WEST 40TH PLACE
HIALEAH FL 33012**

Mailing Address

**1160 WEST 40TH PLACE
HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/15/1990

3a. Date of Last Report
03/08/1994

4. FEI Number
65-0200608

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

2a. State, Apt. #, etc.

22. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AGUILERA, LILLIAM R.
8631 SW 84TH COURT
MIAMI FL 33143**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Agent) (Signature of Registered Agent) (Signature of Registered Agent)

(Signature of Agent) (Signature of Registered Agent) (Signature of Registered Agent)

(Signature of Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PVT
ULLOA, REINALDO
1160 WEST 40TH PLACE
HIALEAH FL**

1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**V
HERNANDEZ, LEONOR
1160 WEST 40TH PLACE
HIALEAH FL**

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
ULLOA, REINALDO
1160 WEST 40TH PLACE
HIALEAH FL**

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY, ST, ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Tax Year 1993/94 Florida Statutes. I further certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the officer or transfer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed from a position listed with an address.

SIGNATURE:

[Handwritten Signature]

(Signature and Typed or Printed Name of Signing Officer on Director)

1/7/95